# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST  Mr. Andrew  NICKNAME LAST  Nelson	MI 	Date Received  RECEIVED  JAN 2020  JAN 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	rity; state; zip code X 77802	JAN 2020 JAN 2020 GRECHETARY'S OFFICE CITY SECRETARY'S OFFICE CITY OF BRYAN CITY OF BRYAN LEOE 67 BRYAN
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 979 ) 450-3434	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST  Mr. Kenny	М	Receipt # Amount S
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Lawson		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL  2901 Camelot, Bryan, TX  AREA CODE PHONE NUMBER		ZIP CODE
TREASURER PHONE	(979 ) 220-4050	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
, ,	July 15 Sth day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 27 / 2019	THROUGH 12	Day Year 31 / 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary  11 / 05 / 2019	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	)
	Mayor	Mayor	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
Andrew Nelso	n			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	•		
		COMMITTEE ADDRESS		
	SPECIFIC			
-				
		COMMITTEE CAMPAIGN TREASURER NAME	·	
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,550.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 26,887.04	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$ 7,149.34	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 10,100.00	
18 AFFIDAVIT				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said ANDIEW NESON, this the AFR				
day of January, 20 20, to certify which, witness my hand and seal of office.				
Mary Litta City Secretary				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com		mmission Filers)	
	Andrew Nelson			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,550.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$ 26,887.04		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 Of 5	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Andrew	Nelson			
4 Date	5 Full name of-contributor	(ID#:)	7 Amount of contribution (\$)	
	Arthur Hughes		<u> </u>	
10/31/19	6 Contributor address; City; State;	Zip Code	\$400.00	
	PO Box 6023, Bryan, TX 77805			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Kenneth Lawson			
10/31/2019		Zip Code	\$400.00	
	2901 Camelot, Bryan, TX 77802		\$400.00	
Přincipal áccuá	ation / Job title (See Instructions)	Employer (See Instruct	ionel	
. Еппстрат оссор	ation / 300 title (See instructions)	Employer (See instruct	(Una)	
	<u></u>			
Date		(ID#:)	Amount of contribution (\$)	
	Michael McKinney		•	
10/31/2019	Contributor address; City; State;	Zip Code	\$500.00	
	3313 Emory Oak Dr. Bryan, TX 77807			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date:	Full name of contribute(it-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Texas Assoc. of Realtors			
10/22/2019	Contributor address: City; State	; Zip Code	<b></b>	
10/22/2010	PO Box 2246, Austin, TX 78768		\$ 2,000.00	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
par		1800 V	•	
<del></del>		<del></del>		
	ATTACH ADDITIONAL COPIES O	ETHIC COHEDIN E AC ME	FDED	
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:2 of 5	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Andrew	Nelson			
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
	Shamsuddin Kasamali Maredi	a		
11/05/19	6 Contributor address; City; State	: Zip Code	\$100.00	
	5409 Saint Andres Dr, College Stati	on, TX 77845		
8. Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Suresh Kumar			
11/05/2019	Contributor-address; City; State	; Zip Code	\$100.00	
	2445 Stone Circle, College Station, TX 77845		* ' ' ' ' '	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor     out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Ashirali Umatiya		Amount of contribution (5)	
11/05/2019	Contributor address; City; State;	Zip Code		
. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2404 Crown Court, College Station, TX		\$100.00	
Photocolic at a const				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
<del> </del>				
Date	Full name of contributeut-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Samirali S Maknojiya			
11/05/2019	Contributor address; City; State	; Zip Code	\$ 100.00	
*	4420 Egremont PI, College Station, TX	K 77845	\$ 100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
			,	
· .	ATTACH ADDITIONAL COPIES O	FTHIS SCHEDUL F AS NE	EDED	
	If contributor is out-of-state PAC, please see instr		**	

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## SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 3 Of 5	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Andrew	Nelson			
4 Date	5 Full name of contributor  ut-of-state PAC (I	D#:)	7 Amount of contribution (\$)	
	Ron Blatchley			
11/05/19	6 Contributor address; City; State;	Zip Code	\$500.00	
	4902 Fairfield Ct., Bryan, TX 77802			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
VIII			_, ,	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	Fateh Rajan			
11/05/2019	Contributor address; City; State;	Zip Code	\$500.00	
	4403 Regal Oak, College Station, TX 77845		\$500.00	
Principal accum	ation / Job title (See Instructions)	Employer (See Instruct	ione)	
1 Thirtipas occup	allott / dob title (dee this hotions).	Employer (See manaci	(O)10).	
Date		Ď#:)	Amount of contribution (\$)	
	Syed Akhtar			
11/05/2019 Contributor address; City; State; Zip Code		\$50.00		
·	1410 Royal Adelade Dr, College Station	n, TX 77845		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributation-state PAC (i	D#:)	Amount of contribution (\$)	
	Mahendimohmad Charolia			
11/05/2019	Contributor address; City; State;	Zip Code	*	
1.17.03/2013	5307 Jupiter Hill Ct, College Station, TX	( 77845	\$ 100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
127 2.4				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDI II E VO NE	EDED	
	If contributor is out-of-state PAC, please see instru			

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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule The Instruction Guide explains how to complete this form. A1:4 of 5 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Andrew Nelson 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_ Karim Momin \$100.00 11/05/19 6 Contributor address; City; State; Zip Code 5207 Ballybunion Ln, College Station, TX 77845 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) Leonard & Nancy Berry 11/08/2019 Contributor-address; City; State; Zip Code \$500.00 202 Lampwick Cir, College Station, TX 77840 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Adrian Nettles Contributor address; City; State; Zip Code 11/08/2019 \$1,000.00 PO Box 313, Wellborn, TX 77881 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributation-state PAC (ID#:\_ Amount of contribution (\$) Andres Vela Berrondo Contributor address; City; State; Zip Code 11/08/2019 \$ 200.00 2108 Sleepy Hollow Ln, Bryan, TX 77807 Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 Of 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Andrew	Nelson		
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Dennis Goehring		·
11/08/19	6 Contributor address; City; State;	Zip Code	\$250.00
	844 S. Rosemary Dr, Bryan, TX 778	302	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	cions)
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
ļ	Michael Davis		
11/08/2019	Contributor-address; City; State;	; Zip Code	\$250.00
	729 S Rosemary Dr. Bryan, TX 77802		φ200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
:	Shelly Brenckman		
12/09/2019	Contributor address; City; State;	Zip Code	\$400.00
	4811 Coopers Hawk Dr, College Static	on, TX 77845	\$400.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contribule(t-of-state PAC	(ID#:)	Amount of contribution (\$)
,	. Contributor address; City; State	; Zip Code	\$
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	cions)
		- Licatoria	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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### **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3	2 FILER NAME Andrew Nelson		3 Filer ID (Ethics Commission Filers)	
4 Date				
	5 Payee name Bryan Broadcasting			
10/28/2019	Bryan Broadcasting			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2234.00	PO Box 3248, Bryan, TX 77805			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(a) Salegory (see Salegories inside at the log of and assessing		tside of Texas. Complete Schedule T.	
PURPOSE .			, TX, officeholder living expense	
EXPENDITURE	Advertising Expense	Check it Austin	, IX, officerolast living expense	
	,	]		
	L. Landson	]		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Ol	n			
Date	Payee name			
10/31/2019	Farrell Gjesdal			
Amount (\$)	Payee address; City; State; Zip Code			
			,	
\$8396.92	1808 Bee Creek Dr, College St	ation, TX 77	840	
Ψ0000.02	, 3	<u>,                                      </u>		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel out	side of Texas. Complete Schedule T.	
OF		Check if Austin.	TX, officeholder living expense	
EXPENDITURE	Consulting Expense	}		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
4.40.450.40				
11/04/2019	The Eagle			
Amount (\$)	Payee address; City; State; Zip Code			
\$11,901.50	PO Box 3000, Bryan, TX 77805			
		1		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		L	tside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense	Check if Austin,	TX, officeholder living expense	
·	Advertising Expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oi	п			
	ATTION AND ASSESSMENT	001150(1) = 401151	'NED	
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

xpense Travel in District

xpense Travel Out Of District

Vages/Contract Labor Other (enter a categor

The Instruction Guide explains how to complete this form

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

		omplete tine remin	
1 Total pages Schedule F1:		•	3 Filer ID (Ethics Commission Filers)
2 of 3	Andrew Nelson		
4 Date 11/05/2019	5 Payee name Admiral Catering		
6 Amount (\$)	7 Payee address; City; State; Zip Code	<del> </del>	
O Amount (4)	7 Fayee audiess, Oity, Oiete, Zip 5555		
\$1329.00	206 E. Villa Maria, Bryan, TX 77801		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expense	L Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
11/06/2019	Kevin Krolczyk		
Amount (\$)	Payee address; City; State; Zip Code		,
\$687.98	741 S. Rosemary Dr, Bryan, TX	77802	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		<del></del>	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expense	L Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/18/2019	American Legion		
Amount (\$)	Payee address; City; State; Zip Code		
\$400.00	101 Waco St, Bryan, TX 77803		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE	Contribution/Donation	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
3 of 3	Andrew Nelson		
4 Date	5 Payee name	,	
12/09/2019	Farrell Gjesdal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
#4000 00	4000 Dee Creek De College Ofster TV	77040	
\$1320.86	1808 Bee Creek Dr, College Station, TX	77840	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Consulting Expense	Check If Austir	n, TX, officeholder living expense
	Consuming Expense		
9 Complete ONLY if direct expenditure to benefit C/Oil	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/22/2019	Kevin Krolczyk		
Amount (\$)	Payee address; City; State; Zip Code		
(4)	tayoo aca, ooo, oo, oo ac, ap ood		
\$116.78 741 S. Rosemary Dr, Bryan, TX 77802			
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Catagory (Los Galley and Land Land Land Land Land Land Land	l	tside of Texas. Complete Schedule T.
OF		) <u></u>	, TX, officeholder living expense
EXPENDITURE	Food/Beverage Expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
		1	
12/30/2019	Republican Women of Brazos Valley	/	
Amount (\$)	Payee address; City; State; Zip Code	**************************************	
\$500.00	DO Day 11114 Callege Station TV	77040	
\$500.00	PO Box 11141, College Station, TX	77842	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel ou	iside of Texas. Complete Schedule T.
OF EXPENDITURE	Contribution/Donation	Check if Austin	, TX, officeholder living expense
	Contribution/Donation		
	On alidah / Office legitler research	061	Office held
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			